



REQUEST FOR EMERGENCY PROVISIONAL INTERPRETER QUALIFICATION

INTERPRETER INFORMATION (TO BE COMPLETED BY REQUESTING LANGUAGE AGENCY)			
INTERPRETER'S LAST NAME		FIRST NAME	
CANDIDATE'S CURRENT ADDRESS		TELEPHONE NUMBER	
CHECK ONE ONLY <input type="checkbox"/> Medical interpreter <input type="checkbox"/> Social service interpreter		Interpreter serving clients in DSHS Region(s):	
DOCUMENTS SUBMITTED WITH REQUEST <input type="checkbox"/> Resume <input type="checkbox"/> Reference letters <input type="checkbox"/> Other (specify):			
Typical number of monthly interpreting hours requested by Department of Social and Health Services (DSHS) in this language:		Number of certified/qualified interpreters available to your agency in this language in region(s) listed above:	
REQUESTING AGENCY			DATE OF REQUEST
CONTACT PERSON'S NAME		E-MAIL ADDRESS	
		TELEPHONE NUMBER (INCLUDE AREA CODE)	
JUSTIFICATION FOR EMERGENCY (ATTACH INFORMATION WITH TOTAL NUMBER OF INTERPRETERS IN THE REQUESTED LANGUAGE INDICATING AVAILABILITY AND CERIFICATION/QUALIFICATION STATUS.)			
PROGRAM VERIFICATION INFORMATION (TO BE COMPLETED BY DSHS LEP CLUSTER COORDINATOR)			
NAME OF DSHS PROGRAM (ADMINISTRATION)			<input type="checkbox"/> Approval recommended <input type="checkbox"/> Denial recommended
JUSTIFICATION FOR RECOMMENDATION			
LEP CLUSTER COORDINATOR SIGNATURE			DATE
LANGUAGE INTERPRETER SERVICES AND TRANSLATIONS (LIST) APPROVAL INFORMATION			
<input type="checkbox"/> Approved		EFFECTIVE DATE	
		EXPIRATION DATE	
<input type="checkbox"/> Denied		REASON FOR DENIAL	
PROCESSED BY:		DATE	
		LETTER SENT ON:	